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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 3666

<b>SERIAL NUMBER</b> 10/647,295	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 3589-44
<b>APPLICANTS</b> Julian L. Henley, Guilford, CT;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/653,992 09/01/2000 ABN which is a DIV of 09/153,640 09/15/1998 PAT 6,148,231				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/14/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 4
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 23117				
<b>TITLE</b> IONTOPHORETIC DRUG DELIVERY ELECTRODES AND METHOD				
<b>FILING FEE RECEIVED</b> 675	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	